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Deliver to: Vortman, Anatoly, USPTO Art Group: 2835
Facsimile No.: (571) 273-8300 Date: September 10, 2007
From: Mark L. Watson, Reg. No. 46,322

Our Docket No.: 42P3674R Number of pages 24 including this sheet.

Application No.: 09/976,912 Filing Date: 5/14/2002

Docket Due Date(s): 9/10/2007 | _____

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>After Final</u> (<u>16</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (____ pgs)	<input type="checkbox"/> Notice of Appeal (in duplicate)
<input type="checkbox"/> Application: _____ (____ pgs) w/cover & abstract	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (____ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u>	<input type="checkbox"/> Reply Brief (____ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (____ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ____ sheets, ____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (____ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (____ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input checked="" type="checkbox"/> Other: <u>Request for Correction of Filing Receipt</u>	<input type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Shannon Serrano

9/10/2007

Date _____

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SEP 10 2007

**FEE TRANSMITTAL
for FY 2006**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number 09/976,912
 Filing Date May 14, 2002
 First Named Inventor O'Connor
 Examiner Name Vortman, Anatoly
 Art Unit 2835
 Attorney Docket No. 42P3674R

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION**1. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	45	45*	0	\$0.00
Independent Claims	11	11*	0	\$0.00
Multiple Dependent				
Large Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)
				0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.128(b))	
Other fee (specify):					
SUBTOTAL (2)					(\$)

SUBMITTED BY

Name (Print/Type) Mark L. Watson

Registration No.
(Attorney/Agent)

46,322

Complete (if applicable)

Telephone (303) 740-1980

Signature

Date 09/10/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 02/26/2007
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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2006</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p>		Complete if Known				
		Application Number	09/976,912			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	May 14, 2002			
		First Named Inventor	O'Connor			
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 10%;">(\$)</td> <td style="width: 60%; text-align: right;">0.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Examiner Name	Vortman, Anatoly
		TOTAL AMOUNT OF PAYMENT	(\$)	0.00		
Art Unit	2835					
		Attorney Docket No.	42P3674R			

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FEE CALCULATION																																																																																																																											
1. EXTRA CLAIM FEES <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 45%;"> <p>Total Claims 45 - 45 = 0 x 50.00 = \$0.00</p> <p>Independent Claims 11 - 11 = 0 x 200.00 = \$0.00</p> <p>Multiple Dependent</p> </div> <div style="width: 50%; text-align: right;"> <p>Fee Paid</p> </div> </div>																																																																																																																											
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	09/10/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 02/28/2007.
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